

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/355,149	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	12					
4	21					
5	10					
6	61					
7	10					
8	21					
9	10					
10	1					
11	1					
12	14					
13	51					
14	10					
15	61					
16	1					
17	1					
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	15	↔	↔	↔		
TOTAL CLAIMS	17					

*	*	*
IND.	DEP.	IND.
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		1
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		1
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

TOTAL IND.	↔	↔	↔
TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS			